

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/731,618
Filing Date	8 Dec 2003
First Named Inventor	McGrath, David S.
Group Art Unit	2193
Examiner Name	Chuong D. Ngo
Attorney Docket Number	LAKE042

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	August 23, 2007

ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): McGrath Application No.: 10/731,618 Filed: December 8, 2003 Title: DIGITAL MULTIRATE FILTERING	Group Art Unit: 2193 Examiner: Chuong D. Ngo
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TRANSMITTAL: RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application.
Included with the response are:

_____ drawing(s);

This application has:

_____ a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

 X No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20	MINUS	20	0	\$50	\$ 0.00
INDEP. CLAIMS	3	MINUS	3	0	\$200	\$ 0.00
TOTAL ADDITIONAL FEE DUE:						\$ 0.00

_____ A credit card payment form is attached for presentation of additional claims.

X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

_____ Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

_____ one months (\$110)

_____ two months (\$410)

_____ three months (\$930)

_____ four months (\$1450)

If an additional extension of time is required, please consider this as a petition therefor.

_____ A credit card payment form for the required fee(s) is attached.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.

X Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

August 23, 2007

Date

/Dov Rosenfeld/ #38687

Dov Rosenfeld, Reg. No. 38687

Address for correspondence:
Dov Rosenfeld
5507 College Avenue, Suite 2,
Oakland, CA 94618
Tel. 510-547-3378; Fax: +1-510-291-2985

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): McGrath Application No.: 10/731,618 Filed: December 8, 2003 Title: DIGITAL MULTIRATE FILTERING	Group Art Unit: 2193 Examiner: Chuong D. Ngo
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	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20	MINUS	20	0	\$50	\$ 0.00
INDEP. CLAIMS	3	MINUS	3	0	\$200	\$ 0.00
TOTAL ADDITIONAL FEE DUE:						\$ 0.00

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RESPONSE TO OFFICE ACTION UNDER 37 CFR 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

This is a response to the Office Action of June 5, 2007.

Any *amendments to the specification* begin on a new page immediately after these introductory remarks.

Any *amendments to the claims* begin on a new page immediately after such *amendments to the specification*, if any.

Any *amendments to the drawings* begin on a new page immediately after such *amendments to the claims*, if any.

The *Remarks/arguments* begin on a new page immediately after such *amendments to the drawings*, if any.

If there are drawing amendments, an *Appendix* including amended drawings is attached following the *Remarks/arguments*.